

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	CHS	1020	7/6/02
FORMALITY REVIEW	CHS	883	3/15/02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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